

# **Long Term Disability Plan**

**Revised January 1, 2011**

The Enrollment/Change Form is  
included at the end of this booklet.





## **STANDARD INSURANCE COMPANY**

A Stock Life Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1282  
(503) 321-7000

### **CERTIFICATE AND SUMMARY PLAN DESCRIPTION:**


#### **GROUP LONG TERM DISABILITY INSURANCE**

Policyholder:	Washington State Health Care Authority
Policy Number:	377661-B
Effective Date:	July 1, 1992 and as amended

A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.



President

GC190-LTD



All newly eligible employees are required to complete an enrollment form and return it to their payroll, personnel, or benefits office. Newly eligible employees may choose to enroll in Optional insurance without providing Evidence of Insurability if they return their completed long-term disability enrollment form indicating the waiting period they are selecting no later than 31 days after becoming eligible for PEBB benefits as described in WAC 182-12-114. However, employees must meet eligibility criteria for such coverage.

Please read this Certificate and Summary Plan Description (Certificate) carefully before you select your LTD insurance options. This Certificate is not a contract or policy of insurance.

Defined terms appear with the initial letters capitalized.

This Certificate is provided by the PEBB Program, 676 Woodland Square Loop S.E., P.O. Box 42682, Olympia, Washington, 98504-2682. Benefits are underwritten by The Standard, Portland, Oregon, and this Certificate is printed at The Standard's expense. If you need assistance with this publication, please contact the HCA at 1-800-200-1004.

For questions about enrollment and administration, contact your payroll, personnel, or benefits office. If you are not able to obtain the information you need from these sources contact:

Standard Insurance Company, Attn: State of WA Benefits Team, 900 SW 5<sup>th</sup> Ave Portland, OR 97204-1235

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2714. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.



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## COVERAGE OUTLINE

This section contains many of the features of your long term disability (LTD) insurance. Other provisions, including exclusions, limitations, and Deductible Income, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

### GENERAL POLICY INFORMATION

Group Policy Number: 377661-B  
Policyholder: Washington State Health Care Authority  
Employer(s): See **Definitions**  
Group Policy Effective Date: July 1, 1992 and as amended  
State of Issue: Washington

### BECOMING INSURED

To become insured you must: (a) Be an eligible Member; and (b) Meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

Definition of Members for:

and Plan B (Optional Insurance): Plan A (Basic Insurance)  
Employees of state agencies as described and defined by WAC 182-12-114, as amended, and employees of employer groups as described in the employer group's contract with the Health Care Authority, with the exception of the following employees who are eligible for Plan A (Basic Insurance) only:

- Seasonal employees who work a season of less than nine months
- Port Commissioners

Plan C (Optional Insurance): Members enrolled in Plan B and not eligible to be covered under the higher education retirement plan.

Plan D (Optional Insurance): Members enrolled in Plan B and eligible to be covered under the higher education retirement plan.

Persons not eligible for any plan: Persons not eligible for an Employer contribution under the policy established by the Public Employees Benefits Board.

Evidence Of Insurability Required for:

- a. Late application for Optional insurance (more than 31 days after initial eligibility).
- b. Reducing a Benefit Waiting Period. This requirement will not apply to a Member whose employment changes from an Employer paying the entire cost of Optional Insurance to any other Employer, provided the Member elects a Benefit Waiting Period no shorter than the Optional Insurance Benefit Waiting Period for which the Member was insured immediately preceding employment with the Employer who pays the entire cost of Optional Insurance.
- c. Reinstatements if required.

## **Relationship to Law and Regulations**

The language in this Certificate regarding eligibility to become insured, enrollment and appeals of determinations relating to eligibility to become insured and enrollment is based on the rules that administer the Health Care Authority's PEBB Program in chapters 182-08, 182-12, and 182-16 WAC. In the case of a conflict between the rules and the language in this Certificate describing eligibility to become insured, enrollment and appeals of determinations relating to eligibility to become insured and enrollment, the rules shall govern.

## **Appeals of Determinations Relating to Eligibility to Become Insured and Enrollment**

Any employee of a state agency or dependent on the employee's behalf who disagrees with a decision made by a state agency regarding eligibility to become insured or enrollment under the group- long term disability insurance policy may appeal that decision to the employing state agency by the process outlined in WAC 182-16-030.

Any employee of an employer group or dependent on the employee's behalf who disagrees with a decision made by an employer group regarding eligibility to become insured or enrollment under the group- long term disability insurance policy must be made to the PEBB appeals committee by the process described in WAC 182-16-032.

Any employee or dependent on the employee's behalf who disagrees with a decision made by the PEBB Program regarding eligibility to become insured or enrollment under the group- long term disability policy may appeal that eligibility to become insured or enrollment decision to the PEBB Appeals Committee by the process described in WAC 182-16-032.

**PEBB appeal rules are in chapter 182-16 WAC. Guidance on filing an appeal is available on the HCA website at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) and selecting *How Do I File an Appeal*.**

## **SCHEDULE OF INSURANCE**

Amount of Benefit:

Plan A (Basic Insurance):

LTD Benefit:

60% of the first \$400 of your Predisability Earnings, reduced by Deductible Income.

Maximum: \$240 before reduction by Deductible Income.

Minimum: \$50

Plan B (Optional Insurance):

LTD Benefit: 60% of the first \$10,000 of your Predisability Earnings, reduced by Deductible Income and by any benefits under Plan A.

Maximum: \$6,000 before reduction by Deductible Income and by any benefits under Plan A.

Minimum: \$50

Plan C (Optional Retirement Supplement Benefit)

For a PERS 1 Member with at least 5 years of employment with the Employer and whose disability qualifies under PERS as a duty disability:

1% of the first \$10,000 of your Predisability Earnings times the Qualifying Years Of Disability, not to exceed 30% of the first \$10,000 of your Predisability Earnings.

For any other Member with at least 5 years of employment with the Employer who is covered under Any retirement plan sponsored by the Employer except a higher education retirement plan:

2% of the first \$10,000 of your Predisability Earnings times the Qualifying Years Of Disability, not to exceed 60% of the first \$10,000 of your Predisability Earnings.

For a Member with less than 5 years of employment with the Employer:

None

However, no benefit will be payable if the monthly benefit amount would be less than \$50.

Plan C benefits are not payable until after serving the Retirement Supplement Deferment Period, which is the scheduled Maximum Benefit Period under Plan B when you become Disabled. No Plan C benefit will be payable during any period that LTD Benefits are payable.

Qualifying Years Of Disability means the number of years, including fractional parts (complete calendar months) of any year, for which benefits were paid under Plan B.

After the Retirement Supplement Deferment Period has been served, Plan C benefits are payable for your lifetime.

Plan D (Optional Higher Education

Retirement Plan Contribution Benefit): The amount payable on your behalf is the sum of:

1. The contribution you were required to make to your Employer's mandatory higher education retirement plan as of the date you became disabled, and

2. The contribution made by your Employer to its mandatory higher education retirement plan.

In no case will the benefit exceed 15% of the first \$10,000 of your monthly Predisability Earnings.

The amount payable is in addition to any amount payable under Plan B. No benefit is payable under Plan D if no benefit is payable under Plan B.

**Benefit Waiting Period:**

Plan A:	90 days, or the period of sick leave (excluding shared leave) for which you are eligible under the Employer's sick leave plan, whichever is longer.
Plan B:	30, 60, 90, 120, 180, 240, 300 or 360 days, depending on your election, or the period of sick leave (excluding shared leave) for which you are eligible under the Employer's sick leave plan, whichever is longer.
Plan D:	Your Waiting Period under Plan B.

**Maximum Benefit Period:**

Plan A, Plan B, and Plan D: Determined by your age when Disability begins, as follows:

Age	Maximum Benefit Period
61 or younger .....	To age 65, but not less than 42 months
62 .....	42 months
63 .....	36 months
64 .....	30 months
65 .....	24 months
66 .....	21 months
67 .....	18 months
68 .....	15 months
69 or older.....	12 months

Plan C: To the date of your death. The Maximum Benefit Period begins at the end of the Deferment Period.

## DISABILITY PROVISIONS

Own Occupation Period:	The first 24 months for which LTD Benefits are paid.
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period.
Partial Disability:	Covered
Own Occupation Income Level:	80% of your Indexed Predisability Earnings.
Any Occupation Income Level:	60% of your Indexed Predisability Earnings.

See **Definition of Disability** for more information.

## EXCLUSIONS AND LIMITATIONS

Preexisting Condition Exclusion:	Yes, the Group Policy contains a Preexisting Condition exclusion. This exclusion is waived for Members whose Evidence Of Insurability is approved by us.
Preexisting Condition Period:	The 90 day period prior to the most recent effective date of your insurance under the Employer's group long term disability insurance program.
Exclusion Period:	The period of time until you have been continuously insured for 12 months, plus one full day of Active Work.

See **Exclusions** and **Limitations** for this and other exclusions and limitations.

## DEDUCTIBLE INCOME

Social Security Offset:	Full offset
Salary Continuation Offset:	Sick Pay, shared leave and other salary continuation paid to you by your Employer.

See **Deductible Income** for this and other Deductible Income.

## OTHER PROVISIONS

Survivors Benefit Amount:	A lump sum equal to 3 times your monthly LTD Benefit (Plan A and Plan B) without reduction by Deductible Income. The LTD Benefit under Plan B will be reduced by any LTD Benefit under Plan A.
COLA Benefit:	Yes, the Group Policy contains a cost of living adjustment provision.
Continuity of Coverage:	Yes
Predisability Earnings based on:	Earnings in effect on your last full day of Active Work.

## PREMIUM CONTRIBUTIONS

Plan A (Basic Insurance):	Contributions from Members for insurance under Plan A are not required except for approved educational or USERRA leave.
Plan B, Plan C, and Plan D (Optional Insurance):	Contributions from Members for insurance under Plan B, Plan C and Plan D are required, and will depend on the Benefit Waiting Period you select.

## INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay LTD Benefits according to the terms of the Group Policy after we receive satisfactory Proof Of Loss.

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## DEFINITION OF DISABILITY

You are Disabled if you meet one of the following definitions:

### A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the first 24 months for which LTD Benefits are paid (Own Occupation Period), you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Sickness, Injury or Pregnancy, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation.

### B. Any Occupation Definition Of Disability

From the end of the Own Occupation Period to the end of the Maximum Benefit Period (Any Occupation Period), you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Sickness, Injury or Pregnancy, you are unable to perform with reasonable continuity the Material Duties of any gainful occupation for which you are reasonably able through education, training, and experience

### C. Partial Disability Definition

1. During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled if you are working in your Own Occupation but, as a result of Sickness, Injury or Pregnancy, you are unable to earn more than the Own Occupation Income Level (80% of Indexed Predisability Earnings).
2. During the Any Occupation Period, you are Partially Disabled if you are working in an occupation but, as a result of Sickness, Injury or Pregnancy, you are unable to earn more than the Any Occupation Income Level (60% of Indexed Predisability Earnings) in that occupation and in all other occupations for which you are reasonably suited under the Any Occupation Definition of Disability.

You may work in another occupation while you meet the Own Occupation Definition of Disability. If you are Disabled from your Own Occupation, there is no limit on your Work Earnings in another occupation.

Your Work Earnings may be Deductible Income. See **Return To Work Incentive** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as your regular and ordinary employment with your Employer. Your Own Occupation is not limited to your job with your Employer.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation.

## RETURN TO WORK INCENTIVE

### A. During The Benefit Waiting Period

You may serve your Benefit Waiting Period while working, if you meet either the Own Occupation Definition of Disability or the Partial Disability Definition.



## B. After The Benefit Waiting Period

You are eligible for the Return to Work Incentive on the first day you work after the Benefit Waiting Period if LTD Benefits are payable on that date. The Return To Work Incentive changes 12 months after that date, as follows:

1. During the first 12 months, your Work Earnings will be Deductible Income as determined below:
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
  - b. Determine 100% of your Indexed Predisability Earnings.
  - c. If a. is greater than b., the difference will be Deductible Income.
2. After those first 12 months, one half of your Work Earnings will be Deductible Income.

Work Earnings means your gross monthly earnings from work you perform while Disabled, including earnings from your Employer, any other employer, or self-employment.

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## TEMPORARY RECOVERY

You may temporarily recover from your Disability, and then become Disabled again from the same cause or causes, without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable Allowable Period. See **Definition of Disability**.

### A. Allowable Periods

1. During the Benefit Waiting Period: a total of 5 days of recovery for every 30 days of the Benefit Waiting Period.
2. During the Maximum Benefit Period: 180 days for each period of recovery.

### B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Periods, 1 through 5 below will apply.

1. The Predisability Earnings used to determine your LTD Benefit will not change.
2. The period of Temporary Recovery will not count toward your Benefit Waiting Period, your Maximum Benefit Period or your Own Occupation Period.
3. No LTD Benefits will be payable for the period of Temporary Recovery.
4. No LTD Benefits will be payable after benefits become payable to you under any other group long term disability insurance policy under which you become insured during your period of Temporary Recovery.
5. Except as stated above, the provisions of the Group Policy will be applied as if there had been no interruption of your Disability.

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## WHEN LTD BENEFITS END

Your LTD Benefits end automatically on the earliest of 1 through 4 below.

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.

4. The date benefits become payable under any other group long term disability insurance policy under which you become insured during a period of Temporary Recovery.

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## PREDISABILITY EARNINGS

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work unless a different date applies (see the **Coverage Outline**). Any subsequent change in your earnings will not affect your Predisability Earnings.

Predisability Earnings means your monthly rate of earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
  - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), or 457 deferred compensation arrangement; or
  - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.
3. Any public funds paid to you as a grant, subsidy or contract for a research project or other work you perform.

Predisability Earnings do not include:

1. Bonuses.
2. Shift differential pay.
3. Standby pay.
4. Commissions.
5. Supplemental stipends.
6. Overtime pay.
7. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
8. Any other extra compensation.

If you are paid on an annual contract basis or have an understanding of continued full-time employment, your monthly rate of earnings is one-twelfth (1/12th) of your annual salary (including position stipends).

If you are a full-time hourly paid Member, your monthly rate of earnings is your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours.

If you are a Faculty Member, as defined by WAC Title 182, your monthly rate of earnings is your average monthly earnings during the preceding 12 calendar months (or during the period of your employment as a Faculty Member if less than 12 months).

If you are any other salaried part-time Member or full-time Member, your monthly rate of earnings is your monthly wage or salary (including position stipends) times the number of months you are regularly scheduled to work per year, divided by 12.

If you are any other hourly paid part-time Member, your monthly rate of earnings is your current hourly pay rate times the average number of hours per month for which you were compensated by the Employer

during the previous 12 months (or during the period of your coverage under the Group Policy if less than 12 months).

If you are a commissioner of a P.U.D., your monthly rate of earnings is 1/12th of your annual compensation (including your percentage of P.U.D. revenue).

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## DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay, shared leave or other salary continuation as shown in the **Coverage Outline**.
2. Your Work Earnings, as described in the **Return To Work Incentive**.
3. Any amount you receive or are eligible to receive because of your disability under any workers' compensation law or similar law, including amounts for partial or total disability, whether permanent, temporary, or vocational.
4. Any amount you, your Spouse, or your children under age 18 receive or are eligible to receive because of your disability or retirement under:
  - a. The Federal Social Security Act;
  - b. The Canada Pension Plan;
  - c. The Quebec Pension Plan; or
  - d. Any similar plan or act.

Both the primary benefit (the benefit awarded to you) and dependents benefits are Deductible Income. Benefits your Spouse or children receive or are eligible to receive because of your disability are Deductible Income regardless of marital status, custody, or place of residence.

5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.
6. Amounts you receive or are eligible to receive because of your disability under any other group disability insurance coverage, as determined below:
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your group disability insurance benefits to that amount.
  - b. Determine 60% of the first \$10,000 of your total monthly earnings from all employment plus 40% of the remainder of your total monthly earnings from all employment.
  - c. If a. is greater than b., the difference will be Deductible Income.
7. Your Deductible Income from your Employer's retirement plan, as described in the **Retirement Plan Offset (RPO)** section.
8. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

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## EXCEPTIONS TO DEDUCTIBLE INCOME

Deductible Income does not include:

1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.
2. Reimbursement for hospital, medical, or surgical expense.
3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
4. Benefits from any individual disability insurance policy.
5. Early retirement benefits under the Federal Social Security Act which are not actually received.
6. Group credit or mortgage disability insurance benefits.
7. Accelerated benefits paid under a life insurance policy.
8. Benefits from a through h below:
  - a. Profit sharing plan.
  - b. Thrift or savings plan.
  - c. Deferred compensation plan.
  - d. Plan under IRC Section 401(k) or 457.
  - e. Individual Retirement Account (IRA).
  - f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
  - g. Stock ownership plan.
  - h. Keogh (HR-10) plan.
9. Vacation pay (annual leave).
10. Military retirement or disability benefits.

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## RULES FOR DEDUCTIBLE INCOME

### A. Monthly Equivalents

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you actually receive the Deductible Income in another month.

If you are paid Deductible Income in a lump sum or by a method other than monthly, we will determine your LTD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

### B. Your Duty To Pursue Deductible Income

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your LTD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

### C. Pending Deductible Income

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

### D. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

### E. LTD Benefits Payable Under Both Plan A And Plan B

Deductible Income will be deducted from Plan B first if LTD Benefits are payable under both Plan A and Plan B. The amount to be deducted from Plan A is determined as follows:

$X = 60\%$  of the first \$9,600 of your Predisability Earnings over \$400.

$Y =$  your Deductible Income.

If  $Y$  is greater than  $X$ , the amount to be deducted from Plan A is  $(Y - X)$  plus \$50.

If  $X$  is greater than  $Y$ , the amount to be deducted from Plan A is \$50 minus  $(X - Y)$ . However, if the difference between  $X$  and  $Y$  is \$50 or more, the amount to be deducted from Plan A is zero.

LT.RU.01X

## RETIREMENT PLAN OFFSET (RPO)

### A. Deductible Income

Subject to the RPO Exceptions and in accordance with the RPO Rules below, Your Deductible Income from your Employer's retirement plan will be determined as follows:

1. If you receive a benefit, refund, withdrawal, or distribution from your Employer's retirement plan, your Deductible Income will be the amount you receive.
2. If you do not receive a benefit, refund, withdrawal, or distribution from your Employer's retirement plan, your Deductible Income will be:
  - a. the retirement income benefit option that comes closest to providing you a monthly income for life with no survivor's benefit, which
  - b. you are eligible to receive, or would have been eligible to receive had timely application been made.

Your Employer's retirement plan includes any retirement plan established, maintained or participated in by your Employer and to which you or your Employer make contributions, including a public employee retirement system, a state teacher retirement system, and a plan arranged and maintained by a union or employee association for the benefit of its members.

### B. RPO Exceptions

Deductible Income from your Employer's retirement plan does not include the amounts below.

1. The portion of any service retirement benefit you receive which is attributable to your contributions to the plan.

2. Any service retirement benefit you are eligible to receive before age 62 (or normal retirement age under the plan if later), but which you do not receive before such age.
3. Any lump sum refund, withdrawal or distribution of your contributions and earnings you receive because you are not vested under the plan.
4. A lump sum payment or monthly annuity from a state teachers retirement system or public employees retirement system if you are not eligible for a monthly pension payment because the monthly pension payment would be less than the minimum amount established by the Department of Retirement Systems.
5. PERS II and PERS III disability retirement benefits for which you are eligible but you elect not to receive.

#### C. RPO Rules.

1. You will be considered eligible to receive disability benefits from your Employer's retirement plan unless you provide satisfactory written proof that you made timely application for such benefits and were denied or that a timely application would have been denied if you had applied.
2. If we cannot determine from your Employer's retirement plan the amount of disability benefit or retirement benefit you are or would have been eligible to receive, we will determine your Deductible Income using a lifetime monthly annuity amount, with no survivor income. The annuity will be based on total plan contributions made by you or on your behalf, including your Employer's contributions and roll-over contributions, plus earnings, and on the life expectancy of a person your age on the following dates:
  - a. With respect to a disability benefit, the date you first become eligible for a disability benefit;
  - b. With respect to a retirement benefit, the date you first become eligible for a retirement benefit;
  - c. The date LTD Benefits become payable, if we cannot determine the date in a or b.
3. If you receive a lump sum refund, withdrawal or distribution of contributions and earnings from your Employer's retirement plan, we will determine your Deductible Income using a lifetime monthly annuity amount, with no survivor income. The annuity will be based on the amount you receive, and on the life expectancy of a person your age on the later of:
  - a. The date the lump sum is paid; and
  - b. The date LTD Benefits become payable.

### COST OF LIVING ADJUSTMENT BENEFIT

#### A. Eligibility

You are eligible for a COLA Benefit if, on each March 1, you have received LTD Benefits under Plan B for at least 3 of the preceding 12 months.

If you have not received LTD Benefits under Plan B for at least 3 of the 12 months preceding March 1, you are eligible for COLA Benefits on the following March 1, provided you have received LTD Benefits under Plan B for at least 3 of the 12 months preceding such March 1.

#### B. COLA Benefit Rules

1. Your LTD Benefits becoming payable under Plan B after you are eligible for a COLA Benefit are increased by the COLA Factor in effect for the current year.
2. A new COLA Factor is determined each March 1.

3. Your first COLA Factor is equal to 1.00 plus one-half the rate of increase in the CPI-W for the prior calendar year.
4. Each following COLA Factor is equal to 1.00 plus one-half the rate of increase in the CPI-W for the prior calendar year, times the previous COLA Factor.
5. The maximum increase that we will use is 6%.
6. The Minimum LTD Benefit is not adjusted by the COLA Factor.
7. Your COLA Factor will not decrease, even if the CPI-W decreases.
8. The COLA Benefit does not apply to Plan A, Plan C, or Plan D.

### HIGHER EDUCATION RETIREMENT CONTRIBUTIONS BENEFIT (PLAN D)

Plan D provides a monthly retirement contributions benefit while LTD Benefits are payable under Plan B, subject to the following provisions:

#### A. Payment of Higher Education Retirement Contributions Benefit

The Higher Education Retirement Contributions Benefit will be paid to your Employer's higher education retirement plan to which you participate, on your behalf.

The Higher Education Retirement Contributions Benefit becomes payable on the later of:

1. The date LTD Benefits become payable under Plan B; or
2. The date you first would have been required to participate under your Employer's higher education retirement plan.

#### B. Amount of Higher Education Retirement Contributions Benefit

The Higher Education Retirement Contributions Benefit is shown in the Schedule of Benefits, subject to any limitations on the amount of the contribution imposed by the Internal Revenue Code, ERISA, or any other federal or state laws.

If you return to work for your Employer, the Higher Education Retirement Contributions Benefit will be reduced by the amount of any employee/Employer contributions transmitted to any one of your Employer's higher education retirement plans, annuity, savings and deferred compensation plans on your behalf.

#### C. When Higher Education Retirement Contributions Benefits End

The Higher Education Retirement Contributions Benefit Plan ends on the earlier of the following dates:

1. The date LTD Benefits cease to be payable under Plan B.
2. The date the Employer's higher education retirement plan in which you participate terminates or may no longer accept the Higher Education Retirement Contributions Benefits on your behalf.

#### D. Other Provisions

1. We may terminate or change the amount of your Higher Education Retirement Contributions Benefit at the Policyholder's request when necessary to comply with the Internal Revenue Code, ERISA, or any other federal or state laws.
2. If the Higher Education Retirement Contributions Benefit is not accepted by your Employer's mandatory higher education retirement plan, no further Higher Education Retirement Contributions Benefits will be payable. Any

Higher Education Retirement Contributions Benefits not accepted by your Employer's mandatory higher education retirement plan are required to be returned to Standard Insurance Company.

3. If the Member directs contributions to more than one retirement fund or account the Member must designate in writing one fund or account to receive all benefits payable under this provision. In the absence of such written designation, we, at our sole discretion will determine to which fund or account the Higher Education Retirement Contributions Benefit will be payable.

### **SURVIVORS BENEFIT**

If you die while LTD Benefits are payable, we will pay a survivors benefit according to 1 through 4 below.

1. The amount of the survivors benefit is shown in the Coverage Outline.
2. The survivors benefit will first be applied to reduce any overpayment of your claim.
3. The survivors benefit will be paid at our option to any one or more of the following:
  - a. Your surviving Spouse;
  - b. Your surviving unmarried children under age 25; or
  - c. Any person providing the care and support of any of them.
4. If you are not survived by a Spouse or an unmarried child under age 25, no survivors benefit will be paid.

LT.SB.01X

### **WAIVER OF PREMIUM**

Your insurance will continue without payment of premiums while:

1. LTD Benefits are payable; and
2. You are completing the Benefit Waiting Period, provided you are not in pay status.

LT.WP.01X

### **BENEFITS AFTER INSURANCE ENDS OR IS CHANGED**

Your right to receive LTD Benefits for a period of Disability which begins while you are insured will not be affected by:

1. Termination of the Group Policy after you become Disabled;
2. Termination of your insurance while the Group Policy remains in force; or
3. Any amendment to the Group Policy approved after the date you become Disabled.

LT.BA.01

### **EFFECT OF NEW DISABILITY**

If a period of Disability is extended by a new cause while LTD Benefits are payable, LTD Benefits will continue while you remain Disabled. However, 1 and 2 apply.

1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. All provisions of the Group Policy, including the Exclusions and Limitations sections, will apply to the new cause of Disability.

LT.ND.01



## EXCLUSIONS

### A. War

You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

### B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted injury, while sane or insane.

### C. Preexisting Condition

#### 1. Definition

Preexisting Condition means a mental or physical condition for which you have done any of the following at any time during the Preexisting Condition Period shown in the **Coverage Outline**:

- a. Consulted a Physician;
- b. Received medical treatment or services; or
- c. Taken prescribed drugs or medications.

#### 2. Exclusion

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:

- a. Have been continuously insured under the Group Policy or Prior Plan for the entire 12 month Exclusion Period shown in the **Coverage Outline**; and
- b. Have been Actively At Work for at least one full day after the end of the Exclusion Period.

LT.EX.01X

## LIMITATIONS

### A. Care Of A Physician

You must be under the ongoing care of a Physician during the Benefit Waiting Period. No LTD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician.

### B. Mental Disorder

Payment of LTD Benefits is limited to 24 months for each period of Disability caused or contributed to by a Mental Disorder. However, if you are confined in a Hospital at the end of the 24 months, this limitation will not apply while you are continuously confined.

Mental Disorder means a mental, emotional, behavioral, or stress-related disorder.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed Physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

### C. Rehabilitation

No LTD Benefits will be paid for any period of Disability when you are not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by us unless your Disability prevents you from participating.

LT.LM.01

## CLAIMS

### A. Filing A Claim

Claims should be filed on our forms. If you do not receive our forms within 15 days after you ask for them, you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability.

### B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90 day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity to file claims.

### C. Proof Of Loss

Proof Of Loss means satisfactory written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.

### D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 60 (days after we mail our request, your claim may be denied.

### E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend LTD Benefits if you fail to attend an examination or cooperate with the examiner.

### F. Time Of Payment

We will pay LTD Benefits within 60 days after you qualify and satisfy Proof Of Loss. LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivor Benefit. If no Survivor Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

### G. Notice Of Decision On Claim

You will receive a written decision on your claim within a reasonable time after we receive your claim.

If you do not receive our decision within 90 days after we receive your claim, you will have an immediate right

to request a review as if your claim had been denied.

If we deny any part of your claim, you will receive a written notice of denial containing:

1. The reasons for our decision;
2. Reference to the parts of the Group Policy on which our decision is based;
3. A description of any additional information needed to support your claim; and
4. Information concerning your right to a review of our decision.

## H. Review Procedure

You may request in writing a review of a denial of all or part of your claim within 60 days after you receive notice of the denial.

When you request a review, you may send us written comments or other items to support your claim. You may

review any non-privileged information that relates to your request for review.

We will review your claim promptly after we receive your request. We will send you a notice of our decision within 60 days after we receive your request, or within 120 days if special circumstances require an extension

We will state the reasons for our decision and refer you to the relevant parts of the Group Policy.

For decisions applicable to WAC 182-16 regarding eligibility to become insured and enrollment under the group long term disability insurance policy, please refer to the **Appeals of Determinations Relating to Eligibility to Become Insured and Enrollment** section on page 2 of this Certificate.

## I. Assignment

The rights and benefits under the Group Policy are not assignable.

LT.CL.01X

## ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
  - a. Eligibility for insurance;
  - b. Entitlement to benefits;
  - c. Amount of benefits payable;
  - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy, any decision we make in the exercise of our authority is conclusive and binding.

LT.AL.01

## TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The end of the period within which Proof Of Loss is required to be given.

LT.TL.01

## INCONTESTABILITY PROVISIONS

### A. Incontestability Of Member's Insurance

Any statement you make to obtain insurance is a representation and not a warranty.

No misrepresentation by you will be used to reduce or deny your claim or contest the validity of your insurance unless:

1. Your insurance would not have been approved if we had known the truth; and
2. We have given you a copy of a written instrument signed by you which contains your misrepresentation.

After your insurance has been in effect for two years, we will not use a misrepresentation by you to reduce or deny your claim, unless it was a fraudulent misrepresentation.

### B. Incontestability Of Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums or fraudulent misrepresentations.

LT.IN.01

## CONTINUITY OF COVERAGE

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work Requirement. See **Active Work Provisions**.

The LTD Benefit payable for a period of continuous Disability beginning before you meet the Active Work Requirement will be:

1. The monthly benefit which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

### **WHEN YOUR INSURANCE BECOMES EFFECTIVE**

The **Coverage Outline** states whether your insurance is Optional or Basic.

#### **A. Basic Insurance (Plan A)**

Your Basic Insurance becomes effective when you become eligible for PEBB benefits as defined in WAC 182-12-114 (except that eligibility for employees of participating Employer Groups will be determined based on the Employer Group's contract with the HCA).B. Optional Insurance (Plans B, C and D)

You must apply in writing for Optional insurance and agree to pay premiums. Subject to the Active Work Provisions, your insurance becomes effective on the first day of the calendar month following:

1. the date you apply, if you apply within 31 days after you become eligible; or
2. the date we approve your Evidence of Insurability, if you apply more than 31 days after you become eligible (late application).

#### **C. Changes in Benefit Waiting Period under Plan B**

You must apply in writing for a change in your Benefit Waiting Period under Plan B. The change becomes effective on the first day of the calendar month following:

1. the date you apply, if you apply for a longer Benefit Waiting Period; or
2. the date we approve your Evidence of Insurability, if you apply for a shorter Benefit Waiting Period.

#### **D. Insurance Subject To Evidence Of Insurability**

Insurance subject to Evidence of Insurability becomes effective on the first day of the calendar month following the date we approve Evidence of Insurability as long as the Active Work requirement has been met.

#### **E. Takeover Provisions**

1. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
2. You must submit satisfactory Evidence of Insurability to become insured for Optional insurance if you were eligible for insurance under the Prior Plan for more than 31 days but were not insured.

### **ACTIVE WORK PROVISIONS**

#### **A. Active Work Requirement**

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your Optional Insurance, your Optional Insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively at Work mean performing the material duties of your own occupation at your Employer's usual place of business.

## B. Changes In Insurance

This Active Work Requirement also applies to any increase in your insurance. However, if you return to Active Work during a period of Disability or Temporary Recovery (see **Temporary Recovery**), you will not qualify for any change in insurance caused by a change in:

1. The rate of earnings used to determine your Predisability Earnings; or
2. The terms of the Group Policy.

## C. Exception

The Active Work Requirement will not apply to you if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively at Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance.

LT.AW.01X

## WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution, if your insurance is Optional.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The date the last period ends for which your Employer made a required contribution on your behalf, if you are on a leave of absence without pay, on reduction in force status, or on reversion status.
5. The date you become a full time member of the armed forces of any country, unless continuation of your insurance is required by the Uniformed Service Employment and Reemployment Rights Act (USERRA).
6. The date you cease to be a Member. However, if you cease to be a Member because you are not meeting the minimum work requirement, your insurance will be continued during the following periods, unless it ends under 1 through 5 above.
  - a. While your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member.
  - b. During the Benefit Waiting Period and while LTD Benefits are payable.
  - c. During the first 24 months of an agency approved educational leave of absence, if your status as a Member terminates because of the leave of absence, subject to the following:
    - i. Your Employer must approve the leave of absence in writing.
    - ii. If your rate of pay during the leave is less than 50% of your Predisability Earnings in effect prior to the leave, you must pay the entire cost of your insurance. Insurance ends automatically on the date the last period ends for which you made a premium contribution. If you become Disabled during the leave, the Benefit Waiting Period will not begin until the scheduled date of return to work.
    - iii. If your rate of pay during the leave is 50% or more of your Predisability Earnings in effect prior to the leave, the Employer will pay the cost of your insurance under Plan A. If you become Disabled during the leave, the Benefit Waiting Period will begin on the date you become Disabled.

- iv. Predisability Earnings will be your Predisability Earnings in effect immediately prior to the leave of absence.
- d. During a leave of absence if continuation of your insurance under the Group Policy is required by the state-mandated family or medical leave act or law.
- e. During the first 30 days of any other unpaid leave, provided you take the unpaid leave immediately following the end of your annual paid leave, subject to the following:
  - i. If you become Disabled during the leave, the Benefit Waiting Period will not begin until the scheduled date of return to work.
  - ii. Predisability Earnings will be your Predisability Earnings in effect immediately prior to the leave of absence.

LT.EN.01X

## REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, 1 through 4 below will apply.

1. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence of Insurability to become insured again.
2. If you return to pay status after a period of non-pay status which is a result of termination of employment, the Preexisting Condition Period and Exclusion Period will be based on the date you become insured again.
3. If you return to pay status immediately after a period of non-pay status of 12 months or less which is not a result of termination of employment, the Preexisting Condition Period and Exclusion Period will be based on the date you became insured prior to the beginning of the period of non-pay status.
4. If your insurance ends because you are on a state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the state-mandated family or medical leave act or law.
5. If your insurance ends due to your active military service, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA).

LT.RE.01X

## DEFINITIONS

Basic means the level of insurance coverage for which the entire premium is paid by the Employer, except for approved educational, or USERRA leave

Benefit Waiting Period means the period you must be continuously Disabled before LTD Benefits become payable. No LTD Benefits are payable for the Benefit Waiting Period. See **Coverage Outline**.

CPI-W means the Consumer Price Index for Urban Wage Earners and Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, we may use a comparable index. Where required, we will obtain prior state approval of the new index.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Outline**.

Employer means the State of Washington and any employer group approved in writing by the Policyholder.

Providing Evidence Of Insurability means you must:

1. Complete and sign our Evidence of Insurability statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about your health that we may reasonably require.

Providing Evidence Of Insurability does not mean your application for coverage will be approved.

Group Policy means the group LTD insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the rate of increase in the CPI-W. During your first year of Disability, your Indexed Predisability Earnings are the same as your Predisability Earnings. Thereafter, your Indexed Predisability Earnings are determined on each anniversary of your Disability by increasing the previous year's Indexed Predisability Earnings by the rate of increase in the CPI-W for the prior calendar year. The maximum adjustment in any year is 10%. Your Indexed Predisability Earnings will not decrease, even if the CPI-W decreases.

Injury means harm, hurt or damage to your body.

LTD Benefit means the monthly benefit payable to you under the terms of the Group Policy.

Maximum Benefit Period means the longest period for which LTD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No LTD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See **Coverage Outline**.

Optional means the level of insurance coverage for which you pay all of the premium.

Physician means a licensed medical professional, other than yourself, acting within the scope of the license.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group long term disability insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means:

- 1) A person to whom you are legally married; or
- 2) Your Domestic Partner. Your Domestic Partner means an individual recognized as such under Washington Administrative Code Title 182.



Public Employees Benefits Board (PEBB) Program  
Underwritten by Standard Insurance Company

**Long Term Disability (LTD)  
Enrollment/Change Form**

<b>Employees</b> <ul style="list-style-type: none"><li>Type or print clearly in ink.</li><li>If you do <b>not</b> wish to enroll in optional LTD coverage, complete Sections 1 &amp; 2.</li><li>If you wish to enroll in or change optional LTD coverage, complete Sections 1 &amp; 3. Your personnel, payroll, or benefits office will automatically enroll you in Part A (Basic) LTD coverage.</li><li>Return this form to your personnel, payroll, or benefits office.</li><li>If you're requesting optional coverage that requires prior approval, <b>you must also complete the LTD Evidence of Insurability Form</b> and send it to Standard Insurance Company.</li></ul>	<b>Personnel, payroll, or benefits office staff</b> <ul style="list-style-type: none"><li>Review Sections 1 – 3 for completeness and accuracy, and complete Section 4.</li><li><b>Do not send the form to Standard Insurance Company or the PEBB Program.</b></li></ul>
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**SECTION 1: PERSONAL INFORMATION**

**Employee completes this section.**

Social Security Number	Employee I.D. Number	Last Name	First Name	Middle Initial
Street Address	Apartment Number	City	State	ZIP Code + 4
Mailing Address (if different from above)	Apartment Number	City	State	ZIP Code + 4
Agency Name	Agency Code	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number – Daytime Phone Number – Evening

**SECTION 2: BASIC LTD COVERAGE ONLY**

**Employee completes this section.**

Your employer pays for Plan A (Basic) LTD coverage. Your personnel, payroll, or benefits office will enroll you in this coverage at no cost to you.

**If you wish to enroll in Plan A (Basic) LTD coverage only and do not wish to enroll in optional LTD coverage, sign and date below.**

I hereby reject my opportunity to enroll in optional long term disability coverage. By signing this form, I declare that the information I have provided is true, complete, and correct. I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of insurance benefits.

This form replaces all previous forms and submissions I have made for PEBB long term disability coverage.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3: BASIC AND OPTIONAL LTD COVERAGE**

**Employee completes this section.**

**I wish to:**

- ☐ Enroll in optional LTD coverage; choose a waiting period.
- ☐ Increase the waiting period for my LTD coverage; choose a waiting period.
- ☐ Decrease the waiting period for optional LTD coverage; choose a waiting period.
- ☐ Cancel my optional LTD coverage.

**If you wish to enroll in optional LTD coverage after 31 days of becoming newly eligible for PEBB coverage, or decrease the waiting period for your optional LTD coverage, you must also complete the LTD Evidence of Insurability Form.**

By signing this form, I declare that the information I have provided is true, complete, and correct. I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of insurance benefits.

I allow my employer to deduct money from my earnings to pay for any optional insurance I requested and approved by Standard Insurance Company. This form replaces all previous forms and submissions I have made for PEBB long term disability insurance.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

**Choose a waiting period:**

- ☐ 30 days
- ☐ 60 days
- ☐ 90 days
- ☐ 120 days
- ☐ 180 days
- ☐ 240 days
- ☐ 300 days
- ☐ 360 days

**SECTION 4: AGENCY/CARRIER INFORMATION**

**Personnel, payroll, or benefits office completes this section.**

Current Agency Hire Date	Initial Eligibility Date for PEBB Benefits	Effective Date of Optional Coverage (if no approval required)	Standard Insurance Company has: <input type="checkbox"/> Approved Effective date _____
Employee's Monthly Earnings \$	Employee's Current Coverage <input type="checkbox"/> Basic LTD only <input type="checkbox"/> Optional LTD—waiting period _____ days		<input type="checkbox"/> Declined <input type="checkbox"/> Pended—information incomplete

**2011 PEBB LONG TERM DISABILITY INSURANCE CONTRACTOR**

**Standard Insurance Company**, Attn: Medical Underwriting Department, 900 SW 5<sup>th</sup>, Portland, OR 97204-1282

Phone: 1-800-368-2860

Public Employees Benefits Board (PEBB) Program  
Underwritten by Standard Insurance Company

# Long Term Disability (LTD) Evidence of Insurability Form

Use this form if applying for long term disability insurance that requires approval from Standard Insurance Company.

- Type or print clearly in ink.
- Complete Sections 1 – 4 below.

- Read the Information Practices Notice at the end of this form.
- **Return this completed form to Standard** (see address on next page).

## SECTION 1: EMPLOYEE PERSONAL INFORMATION

Social Security Number	Last Name	First Name	M.I.	Employee I.D. Number
Street Address		City	State	ZIP Code + 4
Agency Name	Agency Code	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number – Daytime (      ) Phone Number – Evening (      )
Occupation	Birthplace		Monthly Salary	

## SECTION 2: TYPE OF ENROLLMENT/CHANGE THAT REQUIRES APPROVAL

I wish to: ☐ Enroll in the optional LTD plan after 31 days of becoming newly eligible for PEBB coverage; choose a waiting period.  
☐ Decrease the waiting period for optional LTD coverage; choose a waiting period.

Choose a waiting period: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 120 days ☐ 180 days ☐ 240 days ☐ 300 days ☐ 360 days

## SECTION 3: EVIDENCE OF INSURABILITY INFORMATION

Check yes or no for each question, and give details for any "yes" answers on page 2.

1. Have you had any physical, mental, or emotional condition, injury, sickness, or surgery in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you sought or received advice or treatment for the use of alcohol or drugs in the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you consulted or been attended by a physician or practitioner for any cause in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. In the past 10 years have you had a persistent cough, unintentional weight loss of 10 pounds or more, persistent fatigue, persistent lymph node enlargement, prolonged night sweats, pneumonia, lesions or growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you now unable to work full-time because of any physical, mental, or emotional condition, injury, or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you take medication for any physical, mental or emotional condition, injury, or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Do you plan any operation or visit to the doctor or practitioner for an existing physical, mental or emotional condition, injury, or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. High blood pressure, cardiovascular disease, heart ailment, arteriosclerosis, or stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you ever been declined for insurance or offered a rated or restricted policy, either as a new policy or reinstatement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Mental condition, depression, epilepsy, or nervous system disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are you now pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Cancer, diabetes, or nephritis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Height: _____ Weight: _____	
d. Arthritis, strained or injured back, slipped disc, or any bone, joint, or muscle disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Lung, kidney, stomach, genital, urinary, liver, pancreas, or intestinal ailment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Blindness or deafness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. An immune system disorder not related to Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or HIV infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Physician or Medical Facility with Applicant's Complete Medical Records

Name: _____	Phone Number: _____
Address: _____	City / State / Zip: _____

continued on back

Provide details for any "yes" answers below. Use a separate sheet if needed.

Question Number	Description of Injuries, Disorders, and Operations	Month/Year	Duration	Final Result	Health Care Providers Consulted Address/City/State

#### SECTION 4: ACKNOWLEDGEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

##### I UNDERSTAND AND AUTHORIZE THE FOLLOWING:

I represent that the information I provide to Standard Insurance Company (The Standard) is true and complete. I understand that The Standard relies on the truthfulness of my information to decide if I qualify for optional long term disability insurance coverage. If I provide false or incomplete information which is material to The Standard's decision about my coverage, The Standard may rescind my insurance coverage and/or deny claim payments. I agree to notify The Standard if my medical condition changes while this application is pending.

If Standard approves my application, the Group Policy will determine my insurance coverage including coverage start date. I must meet any Group Policy Active Work Requirement to become insured. If Standard denies my application, their liability is limited to a refund of premium that I may have paid.

##### To any health plan, health care provider or facility, pharmacy, laboratory, insurance or reinsurance company, and the MIB Inc. (MIB):

I instruct you to release my entire medical records and other protected health information (except for psychotherapy notes) to The Standard or its reinsurers. This includes information on 1) any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes; 2) any communicable or sexually transmitted disease or disorder; and 3) the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco.

This replaces any previous agreements I have made to limit the release of my protected health information.

The Standard will use information obtained about me to decide my eligibility for optional long term disability insurance coverage. The Standard may share information it has about me to 1) reinsurers; 2) persons performing services for The Standard regarding my application; 3) the MIB, to report to the MIB information exchange and for MIB to audit The Standard's reporting; 4) other insurance companies I have applied for insurance coverage or benefits; and 5) others with my authorization or otherwise permitted by law.

The Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA) does not apply to disability insurance coverage, and does not protect the release of information to The Standard.

I have received and read the Information Practices Notice and Fraud Notice on the back of this form.

I have kept a copy of this form for my records. I may receive a copy of this form from The Standard at any time.

This authorization will remain valid for six months from the date of my signature below. A copy or fax of this authorization is as valid as the original.

I may refuse to sign this form or revoke it at any time by sending a written request to The Standard. However, if I do, The Standard may deny coverage. My revocation does not apply until after received by The Standard.

Employee's signature (required)	Date
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#### 2011 PEBB LONG TERM DISABILITY INSURANCE CONTRACTOR - Standard Insurance Company

Attn: Medical Underwriting Department, 900 SW Fifth Avenue, Portland, OR 97204-1282 Phone: 1-800-843-7979

##### Information Practices Notice

- To help us determine your eligibility for group insurance we may request information about you from other people and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB -Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability ) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS - You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices, please contact us at: Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204-1282 or call 1-800-843-7979.

FRAUD NOTICE - Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

